

## AVMED HEALTH PLAN(HMO)

<b>COVERAGE PLAN DESCRIPTION</b>	<p>A not for profit Health Maintenance Organization with a large network of providers in the State of Florida. We offer a broad range of medical services at participating private physician offices. AvMed's primary care physicians coordinate all medical services such as hospitalization and specialist visits. Our network includes over 38 hospitals as well as over 2,100 specialists in Miami-Dade and Broward County. Other features include 24 hour Member Service, Nurse on Call hot lines, Disease Management programs, Mail Order Prescriptions.</p> <p><b>Visit our website at <a href="http://www.avmed.org">www.avmed.org</a>.</b></p>
<b>DEDUCTIBLES/COPAYMENTS</b>	<p>Co-payments            \$10 Physician office visit            \$25/\$50 Emergency Room (not waived if admitted)            \$10/\$20/\$30 Prescriptions for 30 day supply based on formulary            \$20/\$40/\$60 Mail order prescriptions available for 90 day supply based on formulary</p>
<b>PHYSICIANS</b>	<p>Choose any primary care physician from AvMed's participating provider list. Covered family members may choose their own primary care physician.</p>
<p><b>A. IN-HOSPITAL PHYSICIAN SERVICES:</b>  <b>Surgery/Visits &amp; Consultations</b>  <b>Anesthesiologist</b></p> <p><b>B. OUT-PATIENT PHYSICIAN SERVICES:</b></p> <p><b>Office visits for illness</b></p> <p><b>Office visits for injury</b></p> <p><b>Diagnostic X-Rays, Lab Tests, X-Ray treatments</b></p> <p><b>Pediatrician</b>  <b>1) Medically Necessary</b></p> <p><b>2) Preventive</b>  <b>(Child Health Supervision Services)</b></p> <p><b>Routine Physical</b></p> <p><b>Obstetrical/Gynecological</b></p>	<p>Benefits payable at 100% when received at participating hospitals and arranged by the member's primary care physician.</p> <p>\$10 co-payment; then 100%</p> <p>\$10 co-payment; then 100%</p> <p>100%</p> <p>\$10 co-payment; 100% thereafter.</p> <p>\$10 co-payment; 100% thereafter.</p> <p>\$10 co-payment; 100% thereafter for annual exam.</p> <p>\$10 Co-pay for one routine GYN exam allowed each calendar year without referral. Mammogram screening provided at 100%.</p>
<p><b>Hospitalization:</b></p> <p><b>*Note: These hospitals are not full service hospitals but are contracted for specialty or specific services only.</b></p>	<p>Benefits payable at 100% at following affiliated hospitals:  <b>MIAMI-DADE COUNTY</b>            Anne Bates Leach • Aventura • Baptist • Cedars • Coral Gables • Health South Doctors Hospital • Health South Rehab* • Hialeah • Homestead • Kendall Regional • Mercy • Miami Children's • Mt. Sinai • North Shore • Palmetto General • Parkway Regional • South Miami • St. Catherine's Rehab* • University of Miami/Jackson Memorial Hospital &amp; Clinics • Windmoor</p>

	<b>BROWARD COUNTY</b> Broward General • Cleveland Clinic* • Coral Springs • Florida Medical • Hollywood Medical • Holy Cross • Imperial Point • Memorial of Pembroke • Memorial Regional • Memorial West • North Broward • North Ridge • Northwest Medical Center • Plantation General • St. Johns Rehab* • University Hospital • Westside Regional
<b>Hospital/Surgical Requirements: Precertification of hospital confinements</b>	All non-emergency inpatient confinements and physician/surgeon charges are preauthorized through AvMed
<b>Drug &amp; Alcohol Treatment:</b> <b>Inpatient</b>  <b>Outpatient</b>	Covered at 100% up to 30 residential inpatient days per year.*** Acute or crises intervention only.  Covered at 100% up to a maximum of 60 calendar days, limited to 2 program completions per lifetime. Inpatient/outpatient maximum 60 calendar days.
<b>Mental &amp; Nervous Disorders:</b>  <b>Inpatient</b>  <b>Outpatient</b>	Covered at 100% up to 30 inpatient days per year with plan approval.*** Acute or crises intervention only.  \$5 co-payment up to 30 outpatient visits per year.
<b>Other Services</b> <b>Ambulance</b> <b>Vision</b>	100% when medically necessary. \$10 co-payment, 100% thereafter for eye exams for children under age 18. AvMed offers adult vision discounts through a preferred network of providers listed in the Provider Directory.
<b>Prescription Drugs:</b>	\$10 Generic/\$20 Brand/\$30 Non-Formulary for a 30-day supply at participating pharmacies including prescription contraceptives. Mail order: \$20 Generic/\$40 Brand/\$60 Non-Formulary for a 90-day supply. If member selects Brand when Generic is available, member pays difference in cost plus Brand co-payment.
<b>Durable Medical Equipment (DME):</b>	\$50 co-payment per episode of illness. Limited to a maximum of \$500 per contract year. Prosthetic devices are covered. Please refer to brochure for limitations and restrictions.
<b>Out of Area:</b> <b>1) Emergency</b>  <b>2) Non-Emergency</b>	100% after \$50 co-payment (worldwide).  Not covered.
	**See plan literature for a complete list of benefits and information regarding purchase of non-Generic drugs. ***Coverage for inpatient drug/alcohol and mental & nervous disorders maximum 30 days per contract year.